



BUILDING PERMIT APPLICATION
BUILDING DIVISION/COMMUNITY DEVELOPMENT DEPARTMENT

BS _____

SINGLE FAMILY MECHANICAL/ELECTRICAL/PLUMBING

THIS IS A PERMIT APPLICATION ONLY. WORK IS NOT AUTHORIZED UNTIL FEES HAVE BEEN PAID AND A BUILDING PERMIT HAS BEEN ISSUED.

ADDRESS		CONSTRUCTION VALUATION \$		DATE	
DESCRIPTION				SQUARE FOOTAGE	
OWNER		APPLICANT/ CONTACT		CONTRACTOR	
ADDRESS		ADDRESS		ADDRESS	
CITY/ STATE/ ZIP		CITY/ STATE/ ZIP		CITY/ STATE/ ZIP	
PHONE	CELL PHONE	PHONE	CELL PHONE	PHONE	CELL PHONE
E-MAIL		E-MAIL	LICENSE	E-MAIL	LICENSE

<input checked="" type="checkbox"/>	PROJECT TYPE		<input checked="" type="checkbox"/>	STRUCTURE TYPE	
	NEW	SITE IMPROVEMENT		2 ND DWELLING UNIT	
	ADDITION & REMODEL	SEISMIC RETROFIT		ACCESSORY STRUCTURE	
	ADDITION ONLY	FIRE DAMAGE REPAIR		CONDOMINIUM	
	REMODEL ONLY	DEMOLITION		SINGLE-FAMILY RESIDENCE	

<input checked="" type="checkbox"/>	MECHANICAL		<input checked="" type="checkbox"/>	ELECTRICAL		<input checked="" type="checkbox"/>	PLUMBING	
	NEW HVAC SYSTEM	# SYSTEMS:		SERVICE	# SERVICES:		WATER SERVICE	# SERVICES:
	REPLACEMENT HVAC	# UNITS:		NEW DWELLING	# DWELLINGS:		NEW DWELLING UNITS	# UNITS:
	DUCT EXTENSION ONLY	ROOM AREA: SF		ADDITION & REMODEL	AREA: SF		BATHROOM	# BATHROOMS:
	GAS SYSTEM	# OUTLETS:		OUTLETS & FIXTURES	# OUTLETS:		POWDER ROOM	# POWDER ROOMS:
	FURNACE/ HEATER	# UNITS:		BRANCH CIRCUITS	# CIRCUITS:		LAUNDRY	# LAUNDRIES:
	A/C	# UNITS:		MOTORS/ HEATERS	# MOTORS/HTRS:		KITCHEN	# KITCHENS:
	BOILER	# UNITS:		TRANSFORMERS	# TRANS:		WATER DISTRIBUTION AND REPIPE	
	CONDENSER	# UNITS:		PANEL/ PANELBOARDS	# PANELS:		SEWER	
	HOOD	# UNITS:		TEMP. POWER			GAS SYSTEM	# OUTLETS:
	AIR INLET/OUTLET/RTRN.	# AIR:		ELECTRICAL EQUIPMENT	# EQUIPMENT:		WATER HEATER AND/OR VENT	
	OTHER MECH EQUIP	# EQUIP:		SPECIFY:			PLUMBING FIXTURES:	
	SPECIFY:		<input checked="" type="checkbox"/>	PHOTOVOLTAIC			WATER CLOSET	URINAL
				# ARRAYS:			BATHTUB	LAVATORY
				BUILDING NO. OF STORIES:			SHOWER STALL	SHOWER PAN
				FLAT ROOF: <input type="checkbox"/> YES <input type="checkbox"/> NO			BAR SINK	KITCHEN SINK
				DISCONNECT: <input type="checkbox"/> YES <input type="checkbox"/> NO			GARBAGE DISPOSAL	DISHWASHER
				BATTERY BACKUP: <input type="checkbox"/> YES <input type="checkbox"/> NO			LAWN SPRINKLERS	HOSE BIBB

PUBLIC WORKS DEPT/SEWER		FIRE DEPARTMENT			
INTERCEPTOR REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO		DRINKING FOUNTAIN	
BY: _____ DATE: _____		PLAN CHECK FEE: _____		SLOP SINK	
SIGNATURE: _____		NAME: _____		WATER PRESSURE REGULATOR	
BACKFLOW PREVENTION: <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE: _____		FLOOR DRAIN OR SINK	
BY: _____ DATE: _____		DATE: _____		SUMP/ SEWAGE SYSTEM	
SIGNATURE: _____				RAIN WATER DRAIN	
BWP/ELECTRIC					
PERFORMANCE METER CONFIRMATION:					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.
I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE, ALL PERMITS SHALL BE DEEMED REVOKED.

SIGNED: _____ SIGNATURE OF APPLICANT: _____
DATE SIGNATURE